

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 90-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7335</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Bobby</u> <u>J</u> <u>Yeggy</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6910 N. Main Street Unit 9</u> City <u>Granger</u> State <u>Indiana</u> ZIP Code + 4 <u>46530</u>	4. Name, file number, and address of labor organization. Name <u>United Brotherhood of Carpenters</u> Labor Organization File Number <u>000-085</u> P.O. Box, Building and Room Number, if any _____ Street <u>101 Constitution Ave NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20002</u>
5. Position in labor organization. <u>Midwestern District Vice-President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____ \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Bobby J. Yeggy On 08/08/2005 574-273-9314
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Marco Consulting</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>550 West Washington Ninth Floor</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60661-2501</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>United Brotherhood of Carpenters Pension Fun</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2300 South Meridian Suite 200</u></p> <p>City <u>Oklahoma City</u></p> <p>State <u>Oklahoma</u> ZIP Code + 4 <u>73108-1751</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Dinner for self and spouse</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>\$160</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <hr/> <p>12.b. Amount. <u>\$0</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$0</u></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Principal Global Investors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 801 Grand Avenue

City Des Moines

State Iowa

ZIP Code + 4 50392-0490

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Builders Fixed Income Fund, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 218 Henry Road

City Manchester

State Missouri

ZIP Code + 4 63011

11.a. Nature of such dealing.

Golf & dinner

11.b. Approximate dollar value of such dealing.

\$176

12.a. Nature of interest held or income received.

12.b. Amount.

\$0

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Harbaugh Hotel Management Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 North Canyon Drive

City Palm Springs

State California ZIP Code + 4 92262

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Business meetings and conference
Fruit/wine/cheese/water/beer

11.b. Approximate dollar value of such dealing.

\$75

12.a. Nature of interest held or income received.

12.b. Amount.

\$0